Full Name of Party Filing This Document	
Mailing Address (Street or Post Office Box) City, State and Zip Code	
Telephone Number	
	JUDICIAL DISTRICT THE COUNTY OF
	Case No.:
Plaintiff, vs.	AFFIDAVIT OF SERVICE
Defendant.	,
STATE OF) ss. County of)	
I swear under oath:	
	County State of
	County, State of, over
the age of eighteen (18) years, and not a party	
2. On theday of	,, l personally
served copies of the Summons, Complaint, [Joint Temporary Restraining Order (Property)
[] Order to Attend the divorce education pro-	gram [] Joint Temporary Restraining Order
(Children) on	, the above-named Defendant, in
the County of, State of	at (address)
Affiant's Signature	Typed/Printed name of Affiant
•	
SUBSCRIBED AND SWORN TO before me this	s, day of
	Notary Public for Residing at Commission Expires: